Retail Therapy: A Strategic Effort to Improve Mood

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ABSTRACT

"Retail therapy" is often applied to the notion of trying to cheer oneself up through the purchase of self-treats. The negative moods that lead to retail therapy, however, have also been associated with greater impulsivity and a lack of behavioral control. Does this lead to mindless shopping when consumers are "down" and regret later? The current work documents that a bad mood does lead to greater purchase and consumption of unplanned treats for the self. However, it also provides evidence that the consumption of self-treats can be strategically motivated. Those individuals who do indulge can also exercise restraint if the goal of restraint also leads to improved mood. Finally, retail therapy has lasting positive impacts on mood. Feelings of regret and guilt are not associated with the unplanned purchases made to repair a bad mood. The implications of the research are discussed. © 2011 Wiley Periodicals, Inc.

> "When the going gets tough, the tough go shopping." (Marshall, 1991)
>
> "Shopping has always been a form of therapy." (Paco Underhill in Lanier, 2005, p. 175)

Retail therapy . . . upon hearing the term, thoughts of occasions on which an individual may have gone shopping and purchased a little treat to cheer oneself up come to mind. Consider the colloquial examples of Florists' Transworld Delivery's (FTD) "pick-me-up" bouquets of flowers (2011) or the classic McDonald's

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(1971) saying, "You deserve a break today." Even books espousing to help the reader pick the correct "type" of retail therapy have been published (Elliott, 2006). It is obvious that practitioners believe individuals are susceptible to retail therapy as a way to elevate mood. The question that arises is whether "therapeutic" purchases are a strategic consumer behavior that provides long-term benefits. That is, do these purchases result in a short-term increase in mood but a downward spiral in the long term as negative emotions such as feelings of guilt and anxiety escalate with the passage of time, or, alternatively, are they undertaken by consumers as a strategic effort to repair their poor moods with few negative downstream consequences?

The current work examines these disparate views of retail therapy and seeks to establish that (1) individuals do treat themselves to small indulgences with the goal of mood repair (i.e., to cheer oneself up); (2) though most of these self-treats are unplanned purchases, they are the result of a strategic effort to repair a bad mood; and (3) this strategic effort to improve mood by purchasing a self-treat does not lead to negative feelings later. This agenda is accomplished with three studies, each using a different method of investigation.

Specifically, Study 1, a field study at a shopping mall, was conducted to examine the links between mood and the unplanned purchase of self-treats. In addition to a measure of mood, personality variables were included to understand potential differences in proclivity to engage in retail therapy. Study 2, a lab study, was conducted to understand whether retail therapy is indeed strategic. This study measured mood and manipulated the goal of the decision maker. If a bad mood increases the desire to be impulsive, what is the trade-off for individuals when they recognize they may feel worse if they engage in that impulsive and indulgent behavior? Finally, Study 3 was conducted to understand the long-term effects of retail therapy. Individuals completed two consumption diaries that focused on the temporal aspects of the shifts in mood as a result of the purchase of self-treats. It shows that the benefits of retail therapy are positive, regardless of whether the treat purchase was planned or unplanned.

The article begins by examining the dialogue between the mood management literature and the self-regulation literature. This literature provides insights into whether retail therapy is part of a strategic effort to repair a negative mood or results from a failure of the self-regulation system and occurs mindlessly.

BACKGROUND LITERATURE

Self-Regulation and Mood Repair

Self-regulation theory rests on the notion that individuals are motivated to manage multiple standards, goals, and ideals that may be complementary or competing at any given point in time, and which the individual is either drawn to or repelled from through a feedback loop (Baumeister & Heatherton, 1996; Baumeister & Vohs, 2004). According to self-regulation theory, there are four categories of self-regulation goals. Individuals attempt to control their thoughts, emotions, impulses, and performance (Baumeister, Muraven, & Tice, 2000). In striving to achieve these multiple self-regulation goals, Carver and Scheier (2002) conclude that the goals "form a queue, with the goal that currently has the priority being the one that is actively pursued at that moment. Because priorities fluctuate with

changing circumstances, people shift the focus of their behavior repeatedly" (p. 306). The current paper focuses on two broad categories of self-regulatory goals—mood regulation and impulse regulation—that may, at times, be in conflict.

Mood-regulation activities have long been thought to arise as a means of creating a more stable internal affective environment (Carver & Scheier, 2003). Individuals actively monitor and assess their affective states, and strive to maintain or improve their feeling tones (Larsen & Prizmic, 2004). Specifically, bad moods are improved by engaging in potentially uplifting activities or distracting oneself from the negative event, and good moods are sustained by avoiding risky activities that might potentially dampen the positive feelings or result in losses (Isen, 2000; Larsen, 2000; Morris & Reilly, 1987; Tice & Bratslavsky, 2000; Tice & Wallace, 2000; Wegener, Petty, & Smith, 1995). In general, however, most mood regulation activity is motivated by the goal of repairing a bad mood (Baumeister, 2002; Mayer & Gaschke, 1988; Mayer et al., 1991; Thayer, Newman, & McClain, 1994; Tice & Bratslavsky, 2000).

As the goal of mood repair is being pursued, the active pursuit of other goals may be diminished. Self-regulation theory suggests that bad moods cause individuals to fail at self-regulation (Tice & Bratslavsky, 2000). Similarly, according to Tice, Bratslavsky, and Baumeister (2001), emotional distress (e.g., anger, fear, loneliness) may shift priorities such that the individual will focus on shorter-term goals to escape the distressing situation, including engaging in more impulsive behaviors: "The emotionally distraught person may become impulsive, risk-oriented, arbitrary, or preoccupied" (Tice, Bratslavsky, & Baumeister, 2001, p. 54). In other words, when energy is spent to mitigate negative emotions and distress, fewer resources are available to self-regulate and control one's impulses. The goal of mood repair takes priority over the goal of self-control and impulse regulation (Leith & Baumeister, 1996). As such, individuals who are trying to repair bad moods strategically let go of impulse control to make themselves feel better.

This results in behaviors that are more indulgent and which provide immediate gratification and goal achievement (Tice, Bratslavsky, & Baumeister, 2001): "Excessive drinking, smoking, and eating often follow bad moods" (p. 151). The list of indulgent behaviors developed by Thayer, Newman, and McClain (1994) is more inclusive, listing 32 categories of activities for improving negative moods, ranging from exercising and engaging in social interaction to eating and shopping (see also Luomala, 2002). The self-regulation literature is clear that "when in bad moods, people want to feel better, and many ways of feeling better involve indulging appetites" (Tice & Bratslavsky, 2000, p. 149). In the present work, the research seeks to establish that one way to achieve the mood repair goal is through retail therapy, resulting in the purchase and consumption of self-treats that are often unplanned.[1]

H1: When experiencing a bad mood, individuals will treat themselves to unplanned indulgences (self-treats) to improve mood.

Self-regulation theory argues that if mood repair and the energy spent to regulate mood depletes the resources that would normally be available to regulate impulses, then the ability to control those impulses is diminished (Baumeister, 2002;

[1] Although the self-regulation literature is precise in discussing the links between mood and impulse control, measuring "impulsive behavior" is challenging in a field setting where measurement may cause individuals to alter their behavior. Since the current focus is on retail therapy, "unplanned" purchase is used as a proxy for "impulse" purchase in Study 1.

Faber & Vohs, 2004; Tice, Bratslavsky, & Baumeister, 2001). Note that not all self-regulation studies that focus on mood repair find that the behaviors undertaken are driven by purely impulsive urges. Tice, Bratslavsky, and Baumeister (2001) suggest that seemingly impulsive behaviors can at times be a strategic effort to repair a bad mood. Like others, they found that when experiencing a bad mood, individuals gave up self-control and acted on their impulses. However, if individuals were informed that their mood was "frozen" (i.e., their mood could not be changed), individuals did not act impulsively and were able to exercise self-control (Tice, Bratslavsky, & Baumeister, 2001). Recent research also corroborates the finding that self-control can be exerted even when self-regulatory depletion is high (Laran & Janiszewski, in press; Lisjak & Lee, 2010). These findings suggest that retail therapy may not be mindless, but rather may be strategic. As such,

H2: The purchase or the consumption of unplanned treats to repair a bad mood is strategic.

Post-Purchase Reactions

Assuming that many mood repair purchases are unplanned, do regret, anxiety, and guilt necessarily follow as time and distance from the purchase event elapse? According to Hoch and Loewenstein (1991), individuals' preferences are time inconsistent; once a purchase has been made, the preferences of the individual may change. This discrepancy may lead to feelings of guilt (pangs of conscience that promote individuals to consider the consequences of their specific behavior and which lead to tension, remorse, and regret; Spears, 2006; Tangney, Steuwig, & Mashek, 2007) and regret (a "backward looking emotion signaling an unfavorable evaluation of a decision"; Zeelenberg & Pieters, 2007, p. 3).

Alternatively, there may also be reason to believe that self-treats will not lead to these negative feelings post-purchase (Dholakia, 2000). Mental accounting is often used to explain the self-regulation of spending (Thaler, 1985; Wertenbroch, 1998). According to Cheema and Soman (2006), mental accounts are malleable and flexible categories of spending. Making adjustments to these accounts can help justify (to the self) unplanned and unexpected expenses. When there is a conflict between the individuals' short-term goal of mood repair and long-term goal of impulse regulation, the ability of the "self" to shift mental resources can allow the individual to justify the unplanned expense of the self-treat, thereby averting feelings of post-purchase regret.

The mental accounting view, with respect to the purchase of therapeutic self-treats, is adopted in the current work. Specifically, the prediction is that the purchase of unplanned self-treats will result in positive feelings post-purchase, with little regret or guilt resulting from the purchase.

H3: Unplanned treats purchased in order to repair a bad mood will not lead to feelings of regret or guilt post-purchase.

Overview

Study 1, a field study at a mall, was conducted to probe the unplanned nature of therapeutic self-treats and to identify other individual differences as predictors of retail therapy. Study 2, a lab study, was conducted to demonstrate that the consumption

of unplanned self-treats is strategic. Specifically, if the goal of mood repair is likely to be impeded by acting impulsively, will individuals restrain themselves and not act on their impulses? If the goal is restraint, does mood improve for those who show restraint, and does the desire to be impulsive diminish? Finally, Study 3 examined a series of consumption diaries to identify the affective and behavioral reactions to the therapeutic purchase of unplanned self-treats, post-purchase.

STUDY 1

Study 1 was motivated by the desire to establish that the unplanned purchase of self-treats to improve mood (i.e., retail therapy) will occur in a natural setting with a wide cross-section of the population, and to assess whether individual differences in loneliness and regulatory orientation help explain differences in self-treat behavior. Lists of planned and unplanned purchases were made and self-treats were identified during a shopping mall visit.

Individual difference measures were taken at the beginning of the consumers' shopping trip in an effort to establish the potential links between these individual differences and the propensity to engage in retail therapy. Due to time constraints imposed by the field setting, three individual difference measures were examined—mood, loneliness, and regulatory orientation. As prior research has shown, mood prior to the shopping visit should be correlated with the presence of an unplanned treat purchase (Tice, Bratslavsky, & Baumeister, 2001). The four-item Peterson and Sauber (1983) Mood Short Form from the *Handbook of Marketing Scales* (Bearden & Netemeyer, 1999) (alpha = 0.78) was used to assess mood. The items include statements like "Currently, I am in a good mood," and "At this moment, I feel edgy and irritable" (reverse coded). This scale is designed to measure temporary differences in mood and not enduring differences.

Because individuals may hold lay theories about the transience of their emotions (Labroo & Mukhopadhyay, 2009), an individual's assessment of their current negative affective state and whether it is temporary or chronic may also alter their proclivity to engage in retail therapy. Specifically, the findings of Labroo and Mukhopadhyay (2009) suggest that when individuals recognize that their negative mood is temporary (stable), they are less (more) likely to make impulsive purchases. In contrast, Forman and Sriram (1991) found that lonely individuals rely on retail encounters as a means of social contact. As such, chronically lonely individuals may browse but *not* buy in order to extend the opportunity for returning to the retail outlet later for additional social contact (Kim, Kang, & Kim, 2005). For these individuals, mood management activities might take a different form, resulting in the purchase of fewer unplanned treats. The UCLA Loneliness scale (Russell, Peplau, & Cutrona, 1980) was administered to address this issue. This scale is comprised of 20 items measured on a 4-point scale (alpha = 0.96).

Finally, regulatory orientation (Higgins et al., 2001) was tested to determine whether individuals who are higher in a prevention orientation, who tend to focus on duties and obligations, engage in less retail therapy. The act of engaging in retail therapy, regardless of the presumed therapeutic benefits, might trigger feelings of anticipatory regret. Regulatory orientation was measured using Higgins et al.'s (2001) Regulatory Focus Questionnaire (RFQ). The RFQ is an 11-item scale that measures individuals' promotion and prevention foci (promotion scale alpha = 0.73; prevention scale alpha = 0.80).

Participants and Design

Participants were 220 adult shoppers who were asked to participate in a survey as they entered a shopping mall. Each participant made a list of intended purchases "for today's visit" and completed a brief questionnaire that included the aforementioned individual difference measures. When participants had finished shopping, they returned to the researchers and made a list of actual purchases. Of these actual purchases, participants then indicated if any had been purchased as "treats" during their visit. The presence of unplanned treat purchases was the variable of interest.

Method and Procedures

Permission was obtained from the management of a shopping mall in the Northeast to collect data from patrons entering the main mall entrance during a two-week period in mid-autumn, temporally distant from major holidays and other typically heavy gift-giving periods. Participants were randomly approached by one of three female researchers and invited to participate in a study about shopping behavior. They were told that if they agreed, they would spend a few minutes filling out a survey and then return at the end of their trip to complete a few additional questions. For their participation, they would receive a free gift. Approximately half of those individuals who were approached agreed to participate. They then completed a consent form and were handed a participant number that was used on all future survey materials. Individuals made a list of items they intended to purchase on this particular mall visit and completed measures of current mood, loneliness, and regulatory orientation.

At the conclusion of their visit, participants returned to the researchers and completed a follow-up survey. Specifically, they were asked, "Now that your shopping is over, what did you actually buy? Please indicate all of the items you purchased, including any unexpected purchases you made." After completing this post-shopping list, participants were asked to examine the list and indicate (with a star) any item they had purchased as a "treat for yourself."[2] After completing the post-shopping survey(s), participants were debriefed and given a $3 gift certificate for any store in the mall as a thank-you for their participation. As a result of attrition (i.e., individuals neglecting to return to the table at the end of their visit), the final usable sample was 195 individuals. These individuals were predominantly female (69%), on average 34 years of age, with some college education. Forty-three percent were shopping alone at the mall on the visit.

Results and Discussion

One hundred fifty-eight individuals made a purchase during their visit to the mall, and it is these individuals who were examined in more depth.[3] Eighty-eight of

[2] Although individuals were asked to indicate specific items they had purchased, the level of specificity revealed in the survey varied dramatically from individual to individual. This precluded the analysis of product-specific data.

[3] Were there individual differences between those who made a purchase and those who did not on their visit to the mall? No differences in mood, loneliness, or regulatory orientation were present (all $p > 0.20$).

Table 1. Correlation of Individual Difference Measures in Study 1.

	Mood[a]	Loneliness	Promotion Focus
Loneliness			
Pearson correlation	–0.293**		
Sig. (2-tailed)	0.000		
N	195		
Promotion			
Pearson Correlation	0.186**	–0.188**	
Sig. (2-tailed)	0.009	0.009	
N	195	195	
Prevention			
Pearson Correlation	–0.137	0.235**	–0.219**
Sig. (2-tailed)	0.056	0.001	0.002
N	195	195	195

[a] Individual differences were captured on the scales reported in the text (e.g., higher mood scores reflect happier moods).

** Correlation is significant at the 0.01 level (2-tailed).

these individuals purchased an item that was classified by them as a "treat" during their mall visit (56%). As expected, those who engaged in retail therapy were in a worse mood [mood scores were 14.5 for treat buyers vs. 15.4 for non–treat buyers; $t(154) = 2.59, p < 0.01$]. However, there were no gender differences in proclivity to make treat purchases [$t(154) = 1.14, p > 0.25$]. Further, loneliness was unrelated to the purchase of self-treats [$t(156) = 0.18, p > 0.80$], as was a prevention regulatory orientation [$t(156) = 0.01, p > 0.90$] (see Table 1 for correlations of the individual difference measures).

Given the prevalence of purchases for therapeutic purposes, the pre- and post-shopping lists were compared. Sixty-three percent (55/88) of the purchases that were identified as self-treats were unplanned. As expected, individuals who were more likely to make the unplanned self-treat purchases were less happy [mood scores of 14.1 and 14.7 for unplanned vs. planned self-treat purchasers, respectively; $t(86) = 1.96, p < 0.05$]. These individuals also tended to purchase more unplanned self-treats items [1.87 vs. 1.18 treats for bad and good moods respectively; $t(53) = 3.61, p < 0.05$].

Finally, to understand the links between mood and an unplanned treat purchase, a binary logistic regression was conducted, with an unplanned treat purchase coded as 1. Individuals who did not make a purchase at the mall on the shopping trip were also included in the analysis for completeness. As expected, mood was significantly related to these unplanned treat purchases ($b = -0.150$, Wald $\chi^2 = 4.45, p < 0.05$). Although the previous analyses did not suggest a role for individual differences beyond mood, a second binary logistic regression was also conducted, which included all of the individual difference measures as covariates. The results verified that mood was the sole predictor of making an unplanned treat purchase ($b = -0.155$, Wald $\chi^2 = 4.64, p < 0.05$). The effects of loneliness, promotion orientation, and prevention orientation were all nonsignificant (loneliness: $p > 0.90$; promotion: $p > 0.45$; prevention: $p > 0.20$).

The results of the field study reveal that retail therapy is a prevalent consumer behavior, with over half of the participants making a treat purchase on their visit

to the mall. The diversity of the sample, with respondents ranging in age from 18 to 80, incomes ranging from less than $10,000 to over $150,000 a year, and education ranging from elementary school to postdoctorate, suggests that this finding is robust. Further, the sole predictor of an unplanned treat purchase was a temporary negative mood. Those who were in a bad mood were more likely to engage in retail therapy and to purchase more self-treats in absolute number. Loneliness, an enduring negative affective state, had no impact on making a therapeutic purchase in the retail setting.

Although Study 1 provides support for H1, it cannot address the question of whether individuals were engaging in retail therapy as a strategic effort or as a purely impulsive act. This question motivated Study 2. Before conducting Study 2, however, a follow-up study was conducted to replicate the findings of Study 1 in a second context and to establish parameters of the research design in Study 2.

Follow-Up

The follow-up was motivated by a desire to replicate Study 1, namely to link mood to the unplanned consumption of self-treats in a relatively controlled setting, and to establish that self-treating is a robust phenomenon for both genders. Past studies of retail therapy and self-treats have tended to examine the consumption patterns predominantly of females, or they find gender differences in how individuals cope with their bad moods (Benton, Greenfield, & Morgan, 1998; Dube, LeBel, & Lu, 2005; Mick, Demoss, & Faber, 1992). Further, Andrade (2005) found that behavioral intentions toward chocolate were different for men and women. Before conducting Study 2 (a study involving chocolate treats), it was necessary to verify that both genders in the participant population would engage in the unplanned consumption of chocolate to improve mood.

The follow-up study involved 44 undergraduates who participated in an in-class "lecture" on decision making. The student participants were 54% male and, on average, 21 years of age. Prior to the beginning of the "lecture," students were shown a PowerPoint slide containing the four-item Peterson and Sauber (1983) Mood Short Form and were asked to write on a piece of paper their responses to these four questions on a 7-point scale (strongly disagree = 1 to strongly agree = 7).

The "lecture" focused on decision making and used a candy choice to demonstrate various decision-making heuristics. The students were told that because of the topic, a basket of leftover Halloween chocolates was circulating in the room; they were invited to take as much of the candy as they wished. At the end of the lecture, the students were surprised with a request to write down how many pieces of candy they had taken from the basket and also to indicate how many pieces they had already eaten. A median split on the participants' mood scores allowed a comparison of the chocolate consumption patterns of participants in a good versus bad mood.

Although participants in a bad mood took more candy from the basket (5.08 pieces vs. 4.48 pieces for the good), the difference was not significant [$t(42) = 0.82$, $p > 0.40$]. However, the results were more revealing when examining the proportion of the candy that had been consumed during the lecture (instead of being saved for later). Those in a bad mood exhibited little control and had consumed, on average, more than 60% of the candy they had taken from the basket. In contrast,

those in a good mood had, on average, only consumed 42% [$t(42) = 2.16, p < 0.05$]. A bad mood led to the immediate consumption of more candy. Further, there were no gender differences [$F(1,40) = 0.001, p > 0.95$] and no interaction between mood and gender ($p > 0.50$). A bad mood consistently predicted the proportion of chocolates consumed ($p < 0.05$), regardless of gender.

With support for H1 now replicated in two studies, Study 2 was ready to be launched to assess the strategic nature of retail therapy in a tightly controlled lab experiment. Specifically, Study 2 examines how mood affects the consumption of treats when impulsive behavior is directly pitted against the goal of strategic restraint (with the promise of an improved mood as a result of acting with restraint). Will those individuals who have been given the goal of restraint engage in less impulsive consumption of candy because showing restraint allows them to feel better about themselves? If they do show restraint, are their moods, post-study, as improved as those who acted impulsively and indulged? The results of Study 2 specifically shed light on whether chocolate consumption is part of a strategic effort to repair mood, or, alternatively, whether it results from a breakdown in impulse-regulation.

STUDY 2

Those who study self-regulation suggest that if mood is suppressed, pursuing the goal of mood repair may result in impulse control being sacrificed. Certainly the results of Study 1 and the follow-up above provide some support for this argument. Taken together, the findings seem to suggest that consumers are not able to control themselves and will engage in mindless consumption when in a bad mood. Others, however, may take a more optimistic view of consumer behavior by presuming that consumers are capable of controlling their impulses if they are motivated to do so. Thus, activities that may appear to reflect a lack of impulse control (e.g., retail therapy) may be part of a strategic effort to manage mood.

The current work tests this hypothesis by presenting individuals with a situation in which self-regulation goals are in conflict. Specifically, the design of Study 2 examines the unplanned consumption of self-treats when mood is suppressed (and therefore needs to be repaired), but individuals are given the goal of not acting on their impulses. Can they restrain themselves when given the opportunity to consume treats? If individuals are given the goal of restraint when in a bad mood, showing restraint then provides them with a way to exercise control over the situation and improve mood. If, however, individuals fail to show that restraint, mood may be further suppressed. If consumers recognize this trade-off and are capable of suppressing their impulses, they should be able to show restraint as part of a strategic effort to manage their bad mood.

Participants and Design

One-hundred eighteen undergraduate students from a large introductory marketing class participated in Study 2 for extra course credit. The study involved a 2×2 between-participant design. The first factor, mood, was measured (Peterson & Sauber, 1983) and a median split performed to create a positive–negative mood score. The second factor, the goal of restraint (vs. no goal), was

manipulated with a reading task and a word search puzzle. The study session lasted approximately half an hour.

Method and Procedures

When students arrived at the lab, they were told that the study they were about to take part in was comprised of multiple parts. The first part involved completion of the four-item Mood Short Form (Peterson & Sauber, 1983) to assess students' moods. The students were also told they would be reading a short article that summarized the results of a research study conducted at Penn State as a "mind-clearing task." Half of the participants, those in the "restraint" condition, received the following text:[4]

> A recent research study conducted at Penn State and published in the *Research: Penn State* magazine suggests that impulsive people are far less creative than people who are not impulsive. According to this research, impulsive people also perform worse on intelligence tasks. So Penn State researchers advise you to "restrain yourself"!!

The other half of the participants, in the "no goal" condition, received the following text:

> A recent research study conducted at Penn State and published in the *Research: Penn State* magazine suggests that teenagers now have a harder time remembering lists of information than teenagers of previous generations. They attribute this to the ready availability of electronic media.

As a manipulation check, participants were asked, "Do you agree with this article?"

The second "mind-clearing task" involved completing a word search puzzle designed to reinforce the goal conditions of "restrain yourself" or "no goal." In the former, participants searched for six neutral words (apple, book, bread, candy, children, pencil) and seven goal-oriented words (careful, consider, control, farsighted, plan, responsible, restrained). In the latter, participants searched for 13 neutral words. It was while the students were completing the word search puzzles that small bowls, containing 15 bite-sized, individually wrapped candies, three of five flavors (i.e., Milky Way, Milky Way Midnight, 3 Musketeers, Snickers, and Twix), were distributed and placed at the cubicles of each participant. Students were told that the candy would be needed for the last part of the study.

Participants were told that the university's creamery was interested in receiving student feedback about various ice cream and candy cut-in combinations. (At that time, the creamery did not offer any ice cream flavors with candy cut-ins, so this was a plausible cover story.) The focal task involved evaluating how appealing each of the candies would be if they were cut in to vanilla ice cream, chocolate ice cream, and orange sherbet. The participants were invited to sample as much candy as they wanted in order to make their evaluation. The dependent measure involved the number of pieces of candy sampled by those in the four cells of the design while evaluating the ice cream–candy combinations. After the focal task, participants completed measures of impulsivity (Puri, 1996) and regulatory orientation (Higgins et al., 2001).

[4] The texts associated with the goal of restraint and the no-goal condition are completely fabricated, but are not unlike other research findings that have been published in this magazine. As such, they provide a plausible cover story for the manipulation.

Results and Discussion

The level of agreement with the research summary statement designed to instantiate the goal of restraint was used as the manipulation check. Eight individuals failed to agree with the research summary and were eliminated from the analysis. This reduced the usable number of participants to 110.

A priori, individuals who were in a negative mood were expected to sample more of the candy pieces in evaluating the ice cream options, but the effect would be qualified by the goal these individual had been given. When given the goal of restraint, bad mood participants were expected to be strategic instead of mindless, showing restraint in sampling the candy pieces (H2). The goal of mood repair could be achieved through exhibiting restraint rather than being impulsive. In the absence of the goal of restraint, the standard finding that greater consumption of treat items occurs for bad mood participants relative to those in a good mood was expected.

As predicted, the results yielded a significant interaction between mood and goal in predicting the number of pieces of candy consumed [$F(1,106) = 3.89$, $p < 0.05$]. Neither the main effect of mood nor the main effect of goal was significant [$F(1,106) = 0.70, p > 0.40$ and $F(1,106) = 2.05, p > 0.15$, respectively]. When individuals were in a bad mood but given the goal of showing restraint, they did so, consuming just 1.39 pieces of candy. Those who were in a positive mood but who were supposed to restrain themselves consumed almost twice as much candy as their bad mood counterparts (2.70 pieces). The greatest consumption (2.97 pieces) occurred when individuals were in a bad mood and no goal was provided, a replication of the results of Study 1 and the follow-up. Their positive mood counterparts consumed 2.44 pieces (see Table 2). The contrast revealed that the bad mood restraint condition was significantly different from each of the other cells, albeit the difference between the restraint bad mood and no goal good mood conditions was only marginally significant [$t(47) = 1.85$, $p = 0.08$]. When given the explicit goal of showing restraint, individuals who were in a bad mood were able to strategically reduce their consumption of the indulgence to half that of their bad mood–no goal counterparts.

A logical question is whether the impulse goal, which should have been active for those in a bad mood, was still active at the end of the focal task. If, however, following the directed goal of restraint provided an alternative means of repairing the bad mood, then the desire for impulsivity might be negated. Individuals' scores on the impulsivity scale were examined to answer this question. Those who were given the goal of restraining themselves had significantly lower scores on the impulsivity scale at the end of the study [39.20 vs. 42.44; $F(1,106) = 3.99$, $p < 0.05$], suggesting that these individuals had replaced the goal of being impulsive with the goal of restraint. There were no mood [$F(1,106) = 1.84, p > 0.15$] or interaction effects [$F(1,106) = 1.83, p > 0.15$].

Finally, a second mood measure was gathered after the candy had been consumed to ascertain whether individuals had been successful in repairing their bad moods through their restraint and/or consumption. The literature would suggest that those who had been allowed to indulge should feel better. An open question is how those who were asked to exhibit restraint would feel after foregoing the candy. Would being given the goal of restraint and strategically carrying it out also improve mood?

Table 2. Mood Regulation Versus Impulse Regulation Goals.

Mood	Goal	Candy Consumed	Impulsivity Scores	Change in Mood	N
Negative	No goal	2.97 (2.69)	42.45 (5.84)	2.09 (2.29)	39
Negative	Be restrained	1.39 (2.47)	41.58 (7.39)	1.26 (2.87)	13
Positive	No goal	2.44 (1.86)	42.44 (6.76)	–3.13 (2.80)	35
Positive	Be restrained	2.70 (1.72)	37.96 (5.66)	–2.49 (1.54)	23

The second mood measure, at the end of the study, involved the use of a 7-point semantic differential scale, anchored at the high end by "happy," "good," "pleased," and "cheerful." Repetition of the Peterson and Sauber (1983) scale was avoided in order to prevent individuals from recollecting their responses in the first part of the study and reporting the same values to appear consistent. To determine how mood had changed over the course of the study, however, it was necessary to make the two mood scales comparable. A hold-out sample of 50 individuals from the same participant population responded to both the Peterson and Sauber (1983) scale and the semantic differential mood scale above in succession. Their evaluations provide a way to calibrate the ratings of the focal sample on the second mood measure and to establish that mood was improved for those in a bad mood who indulged as well as for those who restrained themselves. For comparability, scores on the second mood scale as well as the change in mood using the calibrated mood scores are both reported.

First, it seems that the goal of restraint had no impact on ending mood [$F(1,106) = 0.05, p > 0.80$; means of 19.78 for no goal and 19.99 for restraint], but, as expected, there was a main effect of initial mood on the second mood measure [$F(1,106) = 27.46, p < 0.01$; means of 17.27 for bad mood and 22.51 for the good mood participants]. The interaction was not significant [$F(1,106) = 0.40$, $p > 0.50$]. Thus, among those in a bad mood at the beginning of the study, individuals who were not given a goal and who indulged in the candy were no different in ending mood than those who showed restraint [$t(50) = 0.58, p > 0.50$].

What did the "change in mood" scores reveal? The results are reported in Table 2. A positive score means that mood improved during the study. Overall, the average improvement in mood for those who started out in a negative mood state was 1.88 units on the 1 to 7 scale. For those without a goal, the average improvement was 2.09, while those given the goal of restraint saw an increase of 1.26 units; both improvements were greater than zero [$t(38) = 5.70, p < 0.01$ and $t(12) = 1.59, p < 0.06$, one-sided, respectively]. Finally, these improvements were not significantly different from each other [$t(50) = 1.06, p > 0.25$]. In contrast, the evaluation process seemed to dampen the moods of those who started out in a positive mood, with a change of –2.88 units (–3.13 for those in the no goal condition vs. –2.49 for those given the goal of restraint). An ANOVA indicated that initial mood was the sole predictor of the change [$F(1,106) = 79.39$, $p < 0.001$ for mood; $F(1,106) = 0.04, p > 0.80$ for goal; $F(1,106) = 2.09, p > 0.15$ for their interaction]. What does all of this mean? It seems that *both* acting impulsively and following the instructed goal of restraint allowed bad mood individuals to improve their moods.

The results suggest that individuals who are in a bad mood indulge in treats as a means of repairing the poor mood, displaying the lack of impulse control exhibited in Study 1. However, if provided with the goal of restraint, these bad

mood individuals were able to use that goal (and the accomplishment of it) as a means of repairing their moods. Consumers are *strategic*. If there are mood reparatory benefits associated with showing restraint, individuals are capable of not acting on their impulses. However, without an alternative means of improving mood (i.e., by showing restraint), they will engage in indulgent behaviors. H2 was supported.

Although the current study found that ending mood was no different when initial mood was repaired through indulgent behavior or by pursuing the goal of restraint, it failed to reveal the lasting effects of unplanned self-treat purchases and consumption on feelings of anxiety, regret, and guilt. It is these longer-lasting affective responses that are of interest and that are the focus of Study 3. Understanding these affective responses will help enlighten whether the unplanned purchase of self-treats is an adaptive consumer behavior that has the capacity to strategically improve individuals' moods.

STUDY 3

The final study was designed to address the question of short-term and long-term benefits and costs associated with the unplanned purchase of treats. Although Study 2 measured mood almost immediately after the indulgent consumption of the candy, an open question is whether this result will obtain when individuals are given a day or a week to reconsider an unplanned treat that had been purchased. If retail therapy is part of a strategic effort, feelings of regret, anxiety, or guilt may not necessarily follow the indulgent purchase after the fact. If, however, retail therapy is not part of a strategic effort to repair mood but instead is driven by a lack of impulse control, then guilt, regret, and anxiety in response to the indulgent purchase might occur when self-regulatory resources are available later. Study 3 addresses the temporal aspects of self-treat purchases by examining individuals' affective states before, during, and after the purchase of the treat. It also examines the post-purchase actions of individuals who purchased a self-treat to determine whether these individuals engaged in compensatory behaviors (e.g., considered returning the item). Finally, to determine how the treat item is valued over time, willingness to buy and willingness to accept measures are also examined.

Participants and Design

Sixty-nine undergraduate participants completed two consumption diaries over a two-week period in the latter half of a Fall semester for course credit. Responses were not analyzed until the end of the semester in order to assure the respondents' anonymity.

The first diary examined events occurring just prior to the shopping activity that led to the self-treat. The second diary tracked the respondents' feelings toward the treat after a time lag has been imposed. Specifically, Study 3 answers several fundamental questions: Will the therapeutic self-treat induce a lasting good mood or is the positive impact temporary and followed by feelings of remorse? Are unplanned self-treat purchases more likely to result in greater feelings of guilt and regret? How much money is the self-treat worth to the individual now, relative to what was paid for it?

Method and Procedures

In the first diary, panel members were asked to reflect on a treat they had purchased in the past week. Specifically, they were asked to "think back to a product that you treated yourself to this week—a product that you would not necessarily buy on a regular basis but that you allowed yourself to indulge in as a treat to yourself." In addition to providing information about the item itself, participants indicated how much the item cost. Respondents also indicated what had occurred that had led to the treat purchase and what had triggered a particular item's consumption. Finally, individuals were asked if the self-treat had been an unplanned purchase, and whether it was "over my budget." This initial diary information formed the benchmark for follow-up questions in a second diary, administered one week after the first.

In order to examine the temporal changes in affective response to the treat, the second diary asked respondents if they had experienced feelings of remorse or regret following the purchase/consumption of the treat item and to "think about how the treat item makes you feel right now." The response items included the 20-item PANAS scale (Watson, Clark, & Tellegen, 1998), which includes items such as "Guilty," "Distressed," and "Ashamed." To further probe dimensions of regret, respondents were asked, "Did you experience any feelings of guilt or anxiety following your purchase of the treat item?" In order to more fully understand whether participants felt regret or guilt following their self-treat purchase, they were asked whether they had made any attempts to compensate for the purchase of the treat (e.g., returning it, reducing spending in other categories of consumption). In the final portion of the second diary, individuals indicated how much money they would sell (and buy) their treat item for now.

Results

All of the participants in the first consumption diary indicated they had purchased a treat item sometime in the previous week. The treat items purchased by the diary panel ranged from a fishing reel to a kitchen magnet. Specifically, respondents bought clothing (26.1%), food (20.3%), electronics (17.4%), entertainment products (17.4%), accessories (e.g., jewelry and shoes) (12%), and other (e.g., household items) (6.8%) as treats.

Because measuring mood was infeasible, individuals self-reported what had motivated their self-treat purchase. Forty-three of the 69 self-treat items (62%) were motivated by a desire to repair mood, 19 were motivated by celebratory events (28%), and the remainder fell into the "other" category (10%).[5] Unplanned treats represented 60% of all purchases, with 72% (31 of 43) of these unplanned purchases being made to repair mood.[6]

[5] Because these cases could not be categorized by motivation, they were removed from all future analyses. The focus is exclusively on the differences between planned and unplanned treats purchased for celebratory versus mood repair motives.

[6] Because of the small number of individuals in the cells corresponding to the planned purchase of a mood repair treat and the unplanned purchases of celebratory treats, as well as the high variance for some of the measures, the ANOVA interaction results are less revealing than hoped for. As such, each analysis starts with a direct comparison of the results for mood repair versus celebratory self-treats using *t*-tests and digs deeper as warranted.

The average amount of money spent on the treat varied dramatically by motive, with treats to repair a bad mood costing, on average, $59.18, while spending on treats to celebrate cost, on average, $115.24 [$t(59) = 2.19, p < 0.05$]. Even more revealing was a comparison of the money spent on unplanned treats to repair mood ($52.23) relative to planned treats to repair mood ($104.33) [$t(41) = 1.73, p < 0.10$]. The average spent on celebratory self-treats did not differ by whether they were unplanned ($108.30) or planned ($126.92) [$t(17) = 0.28, p > 0.70$]. Spending on unplanned treats to repair a bad mood was the least expensive splurge. This provides further support for the idea that when individuals are trying to improve mood through the purchase of an unplanned treat, they are not being as extravagant as others.

How much of an "overindulgence" were the treats that were purchased? Individuals were asked to reflect on the statement "The item I treated myself to is over my budget" on a 7-point strongly disagree (1) to strongly agree (7) scale. Mirroring the fact that purchases to improve mood were less expensive than celebratory treats, particularly when they were unplanned, individuals were less likely to report feeling that they had overspent their budget for mood repair treats. The interaction in the ANOVA was significant [$F(1,56) = 5.85, p < 0.05$]. More specifically, those who made an unplanned purchase to improve mood disagreed with this statement (3.83), while those who made a planned purchase to repair mood reported more agreement (5.42) [$t(40) = 2.07, p < 0.05$], a number that was similar to the overall for celebratory self-treats (5.33). There were no differences in response to the statement between planned and unplanned celebratory treat conditions [$t(16) = 1.38, p > 0.15$]. In absolute terms, individuals who had purchased an unplanned treat to improve mood did not feel that they had overspent their budgets, in part, perhaps, because they had exhibited restraint when making the purchase.

Affect Over Time. One of the fundamental questions Study 3 sought to answer was whether there would be a sustained increase in mood post-purchase, or, alternatively, would the purchase be followed by feelings of regret, guilt, and anxiety. In the second diary, five measures were collected to assess affect post-purchase. First, respondents were asked to indicate how they felt "after you purchased your treat" in an open-ended question. These responses were then coded for valence. Second, respondents completed the 20-item PANAS (Watson, Clark, & Tellegen, 1998) in response to the question "When you consider your treat item now, how does it make you feel?" The third measure involved an explicit assessment of guilt and remorse. Specifically, "Did you experience any feelings of guilt or anxiety following your purchase of the treat item?" The response involved a simple yes/no response. Further, in order to evaluate regret, participants indicated whether they had considered returning the treat item. Finally, in order to quantify participants' feelings about the treat now, they were asked, "How much would you be willing to pay for your treat item right now?" and "If you still have your treat item and someone offered to buy it from you right now, how much would you sell it for?" Each finding is reviewed.

Both mood repair and celebratory self-treats led to increases in mood post-purchase, with 82% of the sample providing nothing but positive statements about their post-purchase feelings. Based on a simple coding of valence in response to the open-ended question above, it appears that treats purchased for mood repair were as "successful" in elevating mood as treats for celebrating

[$t(60) = 0.45, p > 0.60$]. This improvement was also sustained whether the purchase was planned or unplanned [$t(60) = 0.96, p > 0.30$]. Retail therapy had positive benefits for all consumers.

Post-purchase PANAS scores revealed a similar story. PANAS provides for a more precise reading of positive and negative affect separately. As might be expected, the item purchased for the treat led to greater PANAS positive feelings for those who were motivated by a celebratory event (27.95) relative to mood repair [22.62; $F(1,57) = 5.61, p < 0.05$]. There were no differences between planned and unplanned purchases or the interaction (both $p > 0.20$). Similarly, the motivation to treat also had an impact on the PANAS negative responses to the treat item, but in the direction opposite that which might be predicted [13.31 vs. 12.09 for celebratory treats vs. mood repair treats, respectively; $F(1,57) = 4.35$, $p < 0.05$]. Individuals who had purchased a celebratory treat reported greater negative feelings toward the item. For individuals who purchased for mood repair, the negative mood surrounding the treat item and its purchase did not seem to spill over onto it. The item itself was not associated with the negative feelings that drove its purchase. In fact, there was significantly more negative affect that spilled onto the celebratory treat item, possibly because of the expense incurred by purchasing the treat item. Note that these results did not vary by whether the treat item was planned or unplanned.

Feelings of guilt and regret were probed using a binary logistic model in response to the question, "Did you experience any feelings of guilt or anxiety following your purchase of the treat item?" There was no evidence to suggest that individuals experienced these negative feelings post-purchase when the treat item was motivated by mood repair rather than to celebrate ($b = 0.03$, Wald $\chi^2 = 0.002, p > 0.95$) or when the treat was planned or unplanned ($b = 0.69$, Wald $\chi^2 = 1.40, p > 0.20$).

Did consumers experience buyer's remorse and attempt to return the purchased item? There was no evidence to suggest that individuals compensated for their treat by considering returning the item ($p > 0.50$). In fact, only two individuals indicated that they had considered returning the item, one in the unplanned celebratory condition and one in the unplanned mood repair condition. Recall that items purchased for mood repair cost only half of what those purchased to celebrate did, so perhaps this is not that surprising a finding. Together, however, the evidence suggests that individuals who engaged in retail therapy to repair a negative mood were not racked with guilt, anxiety, or remorse after making these self-treat purchases, even though most were unplanned.

Finally, if consumers impulsively purchased the unplanned self-treat item, that item might carry less value to that individual. To address this question, consumers indicated their current willingness to pay (WTP) and current willingness to accept (WTA) for the item they had purchased as a treat. In order to make the measures of WTP and WTA for the items comparable, it was necessary to standardize them in some way. This was accomplished by dividing both of the measures by the price originally paid for the item. On average, the treat items decreased in value for individuals based on current WTP. This was true for treats purchased both for mood repair (0.64) and for celebratory motives (0.94). However, treats for celebratory motives retained marginally more of their value to the consumer [$F(1,23) = 3.20, p < 0.10$]. WTP did not vary based on whether the purchase was planned or impulsively made [$F(1,23) = 2.49, p > 0.10$]. As expected based on the endowment effect (Knetsch, 1989), willingness to accept (WTA) was greater than the actual price paid for the item by 1.86 times. This

magnification of value was equally true for both celebratory and mood repair treats [$F(1,51) = 0.52, p > 0.40$] and did not differ based on whether the treat was planned or unplanned [$F(1,51) = 0.54, p > 0.45$]. The interactions in the analyses above were not significant.

What do these analyses suggest? Treats purchased for mood repair do not lead to feelings of guilt, anxiety, or regret after the fact. Based on the participants' responses to the open-ended affective probe as well as the specific questions about guilt and regret, there were no differences between those who purchased their treat for mood repair or celebration. Those who purchased a celebratory treat were happier based on the PANAS positive. However, those who purchased for mood repair were no worse off in terms of negative affect. In fact, the opposite was evident. Although those who purchased for celebratory purposes seemed to attach greater positive affect to the item, they also attached greater negative affect to the treat item as well. All of the results taken together suggest that there seems to be little downside to engaging in unplanned retail therapy. When combined with the results of Study 2, the findings reveal that retail therapy is part of a strategic effort to repair mood.

Study 3 provides evidence that the purchase of self-treats for mood repair is prevalent and that strategically engaging in retail therapy has many upside benefits. First and foremost, the purchase of self-treats provides real affective benefits to individuals. Responses to the open-ended question (as described) were overwhelmingly positive for both mood repair and celebratory motives, whether the purchase was planned or not. Further, although celebratory treats did seem to lead to greater positive affect based on the PANAS, there was actually a decrease in negative feelings post-purchase toward the mood repair item. Therapeutically purchased treats did not lead to feelings of guilt or regret and there was no indication that consumers engaged in any type of compensatory activity (e.g., trying to return the item, reducing caloric intake for consumable treats) post-purchase. Finally, individuals valued their treats as positive items when their willingness to accept was considered, regardless of the motivation for the treat.

The unplanned purchase of a self-treat seems to provide sustained mood reparatory benefits to consumers, a fact that seems to be strategically understood by consumers. The treats purchased for mood repair were less expensive than those purchased to celebrate, reinforcing the idea that although individuals may be indulging, they are not overindulging. If they were, guilt and regret would almost certainly follow.

DISCUSSION AND CONCLUSION

The current research provides concrete evidence, through a field study, an experiment, and a diary method, that retail therapy is a prevalent consumer behavior that is undertaken by consumers as a strategic endeavor to manage their mood (i.e., to repair a bad mood). Clear evidence is provided in all three studies that many therapeutic self-treats involve unplanned purchases. Study 2 provides additional evidence that unplanned indulgent consumption will be used to repair mood as long as it is not in conflict with a goal of restraint. If the individual is given the goal of being restrained in order to repair a bad mood, they will exert impulse control and show restraint as a strategic alternative for

repairing mood. Finally, as the results of Study 3 suggest, retail therapy is alive and well because there seem to be few, if any, downside consequences of engaging in the unplanned purchase of treats. Participants did not experience anxiety, guilt, or buyer's remorse. They did not attempt to engage in compensatory activity, and they did not suffer a downturn in mood post-purchase. Further, there were no indications that individuals who made therapeutic purchases spent over their budgets, with their purchases costing, on average, about half that of those motivated to buy a self-treat for celebratory reasons.

One of the issues that none of the studies above completely addressed is magnitude—"how much" of an indulgence is sufficient to repair a bad mood? Perhaps it is all a matter of reference point. For individuals who have been dieting for an extended period of time, a single morsel of chocolate may be sufficient for them to believe that they have indulged in a treat. For someone who regularly eats chocolate, perhaps a king-size chocolate bar is required for an "indulgence" to be noted. What is comforting from Study 3 is that even when bad mood individuals are indulging to repair mood, they report that they are not "overindulging." It is almost as if individuals recognize the minimum consumption necessary to achieve the mood repair goal. Future studies may want to provide different levels of "treats" from which individuals might choose to try to get deeper insights into "magnitude."

A second issue that was not explored in the current work is what impact encouraging the goal of "letting go" of one's self-control has on individuals who are in a bad mood. Study 2 manipulated only the goal of restraint, but did not manipulate the goal of "letting go" to make oneself feel better. If bad mood individuals are given the goal of "letting go" of their self-control, what impact might that have on retail therapy? Although this is an empirical matter, the compatibility between the goal of "letting go" and the natural inclination toward impulsivity may result in more extreme indulgences and more immediate mood repair. It seems likely, however, that instances in which individuals are encouraged to "let go" are less frequent than instances in which individuals must show restraint. It is this conflict between the goal of restraint and the goal of impulse control, particularly when the affective system is taxed, that most clearly demonstrates that individuals can and do respond in a strategic manner to manage their moods.

The current work has found that the purchase and consumption of therapeutic treats arise from mildly negative, temporary affective states, but not chronic negative conditions such as loneliness. Further exploration of how individuals spend their time while in the retail environment, how much social interaction individuals desire during their store visits, and how much time they spend deliberating over the purchases they do make may shed light on the specific beneficial aspects of retail therapy for temporary versus chronic bad moods.

Further, no distinction is made between specific negative emotions such as fear, anger, or sadness and the mildly negative affective state described here. There is reason to believe that each might result in different forms of retail therapy (Luomala & Laaksonen, 2000; Zemack-Rugar, Bettman, & Fitzsimons, 2007). For instance, there is reason to believe that being in control (and therefore not making an unplanned treat purchase) may be more important for individuals who are feeling high levels of existential anxiety (Atalay & Meloy, 2011; Greenberg, Pyszczynski, & Solomon, 1986). Does existential anxiety lead to a decrease in retail therapy, relative to other negative affective states? Follow-up work to delve into the costs and benefits of retail therapy for individuals who

are in different negative emotional states is a logical next step. Examinations of guilt proneness and regret regulation (Zeelenberg & Pieters, 2007) also seem like particularly fruitful avenues of investigation.

The coping literature (Latack, 1986; Zellars et al., 2004) suggests that different types of negative affect and different elements of the context (e.g., perceptions of procedural justice and fairness) may lead to different coping strategies (e.g., escapist coping, whereby actions are undertaken to escape the situation; problem-solving coping, whereby actions are undertaken to exert greater control over the situation). How well does the coping literature map onto the self-regulation literature? If negative moods are arising because of perceived injustices, differences might be expected in the propensity to engage in retail therapy to repair the negative mood. Again, this is an empirical matter.

Finally, although retail therapy seems to be one of many methods Americans have adopted for coping with a bad mood, is it a universal response? In collectivist cultures, an unplanned material purchase that cannot be shared may be viewed negatively. This is also an empirical matter. Understanding cultural differences in retail therapy may prove a fruitful avenue for future research.

What are the implications for retailers? It is not suggested here that every retailer suddenly make a small treat item available at checkout to tempt consumers, or that mall planners strategically locate candy stores near every mall exit. What is suggested is that perhaps practitioners have it "right" when they appeal to consumers with slogans that encourage them to buy themselves small splurges. There seem to be positive consequences to buying oneself a small treat; one does feel better.

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